NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include **DISCHARGE MONITORING REPORT (DMR)** Monthly (17-19)(2-16)Facility Name/Location if different) WA0003123 NAME Associated Seafoods, Inc. 001 ADDRESS 1504 State Highway 105 PERMIT NUMBER DISCHARGE NUMBER Aberdeen, WA 98520 COUNTY **Grays Harbor** MONITORING PERIOD NOTE: Read instructions before **FACILITY YEAR** MO DAY **YEAR** MO DAY completing this form LOCATION **FROM** TO (20-21)(22-23)(24-25)(26-27)(28-29)(30-31)QUALITY OR CONCENTRATION (3 Card Only) QUANTITY OR LOADING (4 cards only) **FREQUENCY** SAMPLE No. PARAMETER (46-53)OF **TYPE** (54-61)(38-45)(46-53)(54-61)Ex. **ANALYSIS AVERAGE MAXIMUM UNITS MINIUMUM AVERAGE MAXIMUM** UNITS (32-37)(62-63)(64-65)(66-67)Sample Measurement Flow 01/30 **GPD** MT Permit Requirement Report Report n/a Sample Measurement TSS 01/30 0 **GRAB** Permit Requiremen lbs/day Sample Measurement Oil & Grease 01/30 **GRAB** 0 Permit Requirement lbs/day Sample Measurement Hg 9 01/30 **GRAB** S.U. 0 Permit Requirement 6 Sample Measurement Production 01/30 Permit Requirement Report Report lbs/day n/a Records Sample Measurement Permit Requirement Sample Measurement Permit Requiremen Measurement Permit Requirement CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY NAME/TITLE PRINCIPAL EXECUTIVE DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL OFFICER PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR **TELEPHONE** DATE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM Dav Month Year AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE SIGNATURE OF PRINCIPAL STATUES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE **EXECUTIVE OFFICER OR AUTHORIZED** YEARS.) **AGENT** TYPED OR PRINTED AREA CODE NUMBER COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)